

# Program Highlights & Overview

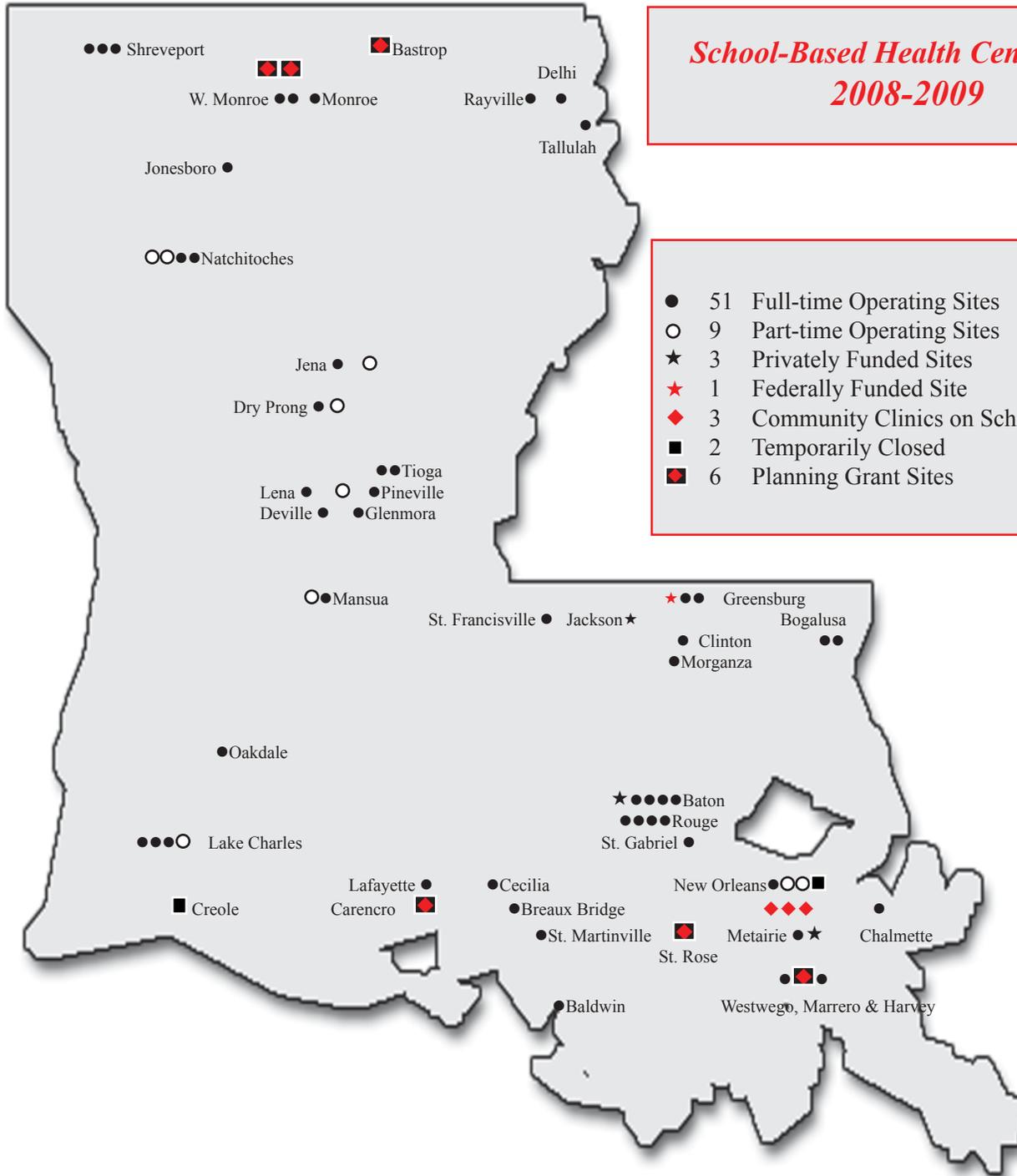


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# Louisiana Adolescent School Health Program

## School-Based Health Center Sites 2008-2009

- 51 Full-time Operating Sites
- 9 Part-time Operating Sites
- ★ 3 Privately Funded Sites
- ★ 1 Federally Funded Site
- ◆ 3 Community Clinics on School Campuses
- 2 Temporarily Closed
- ◼ 6 Planning Grant Sites



*Alphabetic Listing of SBHCs by Parish*

**Allen Parish**

**Oakdale**  
Oakdale Middle

**Avoyelles Parish**

**Mansura**  
Mansura Middle  
Avoyelles Charter

**Caddo Parish**

**Shreveport**  
Atkins Elementary  
Linwood Middle  
Woodlawn High

**Calcasieu Parish**

**Lake Charles**  
Combre-Fondel Elementary  
Clifton Elementary  
Molo Middle  
Washington-Marion High

**Cameron Parish**

**Creole**  
South Cameron High

**E. Baton Rouge Parish**

**Baton Rouge**  
Capitol High  
Glen Oaks High  
Glen Oaks Middle  
Istrouma High  
Northeast Elementary  
Northeast High  
Prescott Middle  
Westdale Middle  
Scotlandville Middle (Privately Funded)

**E. Feliciana Parish**

**Clinton**  
Clinton High  
**Jackson**  
Jackson Complex (Privately Funded)

**Grant Parish**

**Dry Prong**  
Dry Prong Jr. High  
Pollock Elementary

**Iberville Parish**

**St. Gabriel**  
East Iberville Elementary & High

**Jackson Parish**

**Jonesboro**  
Jonesboro Jr. & Sr. High

**Jefferson Parish**

**Harvey**  
West Jefferson High  
**Metairie**  
Riverdale High  
**Westwego**  
Butler Elementary  
Bonnabel High (Privately funded)

**Lafayette Parish**

**Lafayette**  
Northside High

**LaSalle Parish**

**Jena**  
Jena Jr. High  
Jena Sr. High

**Madison Parish**

**Tallulah**  
Madison High

**Natchitoches Parish**

**Natchitoches**  
Cloutierville Elementary  
Marthaville Elementary  
Lakeview Jr. & Sr. High  
Natchitoches Central High

**Orleans Parish**

**New Orleans**  
O. Perry Walker High  
McDonogh 35 High  
McMain High  
Science & Math High  
**(Community Clinics)**  
Douglass High (Privately funded)  
Behrman Elementary (Privately funded)  
Henderson Elementary (Privately funded)

**Ouachita Parish**

**Monroe**  
Carroll Jr. High Magnet  
**W. Monroe**  
Riser Middle  
West Monroe High

**Point Coupee Parish**

**Morganza**  
Pointe Coupee Central High

**Rapides Parish**

**Deville**  
Buckeye High  
**Glenmora**  
Glenmora Elementary & High  
**Lena**  
Northwood PreK-12  
**Pineville**  
Pineville Jr. High  
Lessie Moore Elementary  
**Tioga**  
Tioga Jr. High  
Tioga Sr. High

**Richland Parish**

**Delhi**  
Delhi Jr. & Sr. High  
**Rayville**  
Rayville High

**St. Bernard Parish**

**Chalmette**  
Chalmette High

**St. Helena Parish**

**Greensburg**  
St. Helena Central Elementary  
St. Helena Central Middle  
St. Helena Central High (Federal Funding)

**St. Martin Parish**

**Breaux Bridge**  
Breaux Bridge Schools  
**Cecilia**  
Cecilia Schools  
**St. Martinville**  
St. Martinville Schools

**St. Mary Parish**

**Baldwin**  
West St. Mary High

**W. Feliciana Parish**

**St. Francisville**  
Family Service Center

**Washington Parish**

**Bogalusa**  
Bogalusa High  
Bogalusa Jr. High

2008-2009 Annual Report of the Adolescent School Health Program

2008-2009  
Academic Year

*OPH Funded SBHCs*

Region Parish	SBHC Location	Grades Served	# Schools Served	Total Student Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served
I Orleans  St. Bernard Jefferson	McDonogh 35 Sr. High	9-12	1	Closed			
	Science & Math Charter *	7-12	2	1,088	1,008	93%	896
	O. Perry Walker High	9-12	1	843	476	56%	468
	Chalmette High	8-12	1	1,203	1,157	96%	952
	Butler Elementary	K-9	3	2,213	1,717	78%	625
	Riverdale High	6-12	2	1,150	779	68%	650
	West Jefferson High	9-12	1	1,494	911	61%	570
II E. Felic. W. Felic. E.B.R.         Iberville Pointe Coupee	Clinton High	9-12	1	534	329	62%	382
	Family Service Center	PreK-12	5	2,346	2,289	98%	772
	Istrouma High	9-12	2	943	566	60%	443
	Westdale Middle	6-8	1	866	575	66%	490
	Glen Oaks High	9-12	1	763	555	73%	439
	Glen Oaks Middle	6-8	1	469	426	91%	278
	Prescott Middle	6-8	1	468	430	92%	261
	Northeast Elementary	K-6	1	512	443	87%	412
	Northeast High	7-12	1	775	676	87%	420
	Capitol High	9-12	1	385	345	90%	243
	E. Iberville Elem & High	PreK-12	1	438	430	98%	388
	Pointe Coupee High	PreK-12	2	1,085	641	59%	432
III St. Mary	West St. Mary High	6-12	2	750	459	61%	445
IV St. Martin   Lafayette	Cecilia	PreK-12	4	2,618	2,066	79%	1,059
	Breaux Bridge	PreK-12	6	3,191	2,891	91%	897
	St. Martinville	PreK-12	4	2,428	1,896	78%	871
	Northside High	9-12	1	953	897	94%	665
V Calcasieu    Allen Cameron	Washington-Marion	9-12	1	699	520	74%	495
	Clifton Elementary	PreK-5	1	260	225	87%	188
	Molo Middle	6-8	1	350	294	84%	286
	Combre-Fondel*	PreK-5	1	653	602	92%	294
	Oakdale Middle	5-12	3	687	659	96%	975
	South Cameron	PreK-12	1	Closed			
VI Rapides      Grant  Avoyelles LaSalle	Buckeye High	7-12	1	947	896	95%	704
	Glenmora	PreK-12	2	625	725	100%	395
	Northwood	PreK-12	1	749	749	100%	504
	Pineville & Lessie Moore*	PreK-8	2	1,101	1,046	95%	825
	Tioga Jr. High	7-8	1	577	542	94%	492
	Tioga Sr. High	9-12	1	753	753	100%	532
	Dry Prong Jr. & Pollock Elementary*	PreK-8	3	1,074	1,070	100%	780
	Avoyelles Charter* & Mansura Middle	K-8	2	1,087	997	92%	936
	Jena Jr. & Sr. High*	7-12	2	629	614	98%	507
VII Caddo   Natchitoches	Linwood Middle	6-8	1	715	699	98%	475
	Atkins Elementary	PreK-5	1	477	477	100%	388
	Woodlawn High	9-12	1	741	682	92%	562
	Lakeview Jr. & Sr. High	7-12	1	303	295	97%	326
	Natchitoches Central High	9-12	1	1,272	816	64%	632
	Marthaville Elementary*	PreK-8	1	364	280	77%	169

*2008-2009 Annual Report of the Adolescent School Health Program*

Region	SBHC Location	Grades Served	# Schools Served	Total Student Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served	
VIII Ouachita	Riser Middle	PreK3-8	5	1,952	1,177	60%	934	
	West Monroe High	PreK4-12	3	2,375	1,498	63%	945	
	Carroll Jr. & Sr.High	7-1	2	1,032	664	64%	592	
	Madison High	PreK-12	3	1,563	964	62%	651	
	Richland	Delhi Jr. & Sr. High	PreK-12	4	1,233	1,049	85%	598
Jackson	Rayville High	PreK-12	5	1,817	886	49%	411	
	Jonesboro Middle & Sr.	3-12	2	1,012	668	66%	302	
IX Washington	Bogalusa High	9-12	1	533	522	98%	456	
	Bogalusa Jr. High	7-8	1	470	368	78%	353	
	St. Helena	Central Elementary	PreK-4	1	527	499	95%	364
		Central Middle	5-8	1	314	314	100%	287
<b>TOTAL</b>	<b>26 Parishes</b>	<b>62 SBHCs</b>	<b>104</b>	<b>54,904</b>	<b>43,767</b>	<b>81%</b>	<b>29,711</b>	

\* *Part-time Satellite Clinics*

## *Louisiana SBHCs Funded by Other Sources*

### *Jackson Complex SBHC*

Jackson Complex SBHC opened in December 2005 through funding from Hurricane Katrina relief money from the W.K. Kellogg Foundation. The SBHC receives financial assistance from the Primary Care Providers for a Healthy Feliciana Community Clinic and grants from various foundations including one from the National Association of Coordinated Health Centers (NACHC).

### *St. Helena Central High SBHC*

In 1999, the St. Helena Central High SBHC began serving students upon receiving funding from the Health Resources and Services Administration, Bureau of Primary Care. This SBHC has been very successful in getting their students registered and utilizing the SBHC.

### *Bonnabel High SBHC*

Bonnabel High SBHC opened in March of 2009 and is operated by the Jefferson Parish School System. Medical services are provided by Ochsner Medical Foundation. Funding is from the Jefferson Parish School System, Ochsner Medical Foundation, and community donations. The school serves Ralph J. Bunche Academy as a feeder school with van transportation.

### *Scotlandville Elementary*

Scotlandville Elementary SBHC opened in January 2007 through funding from the W.K. Kellogg Foundation as well as the E. Baton Rouge Parish School System.

Region	Parish	SBHC Location	Grades Served	# Schools Served	Total School Enrollment	Total SBHC Registration	% SBHC Students Enrolled	Total Patients Served
I	Jefferson	Bonnabel High	9-12	2	1400	800	57%	516
II	E. Feliciana	Jackson Complex	K-12	1	778	626	81%	581
II	E. Baton Rouge	Scotlandville Elem.	PreK-5	1	448	332	74%	332
IX	St. Helena	Central High	9-12	1	319	245	77%	235
<b>Total</b>	<b>4 Parishes</b>	<b>4 SBHCs</b>		<b>5</b>	<b>2,945</b>	<b>2,003</b>		<b>1,664</b>

**Community Health Clinics Located on School Campuses**

The Interim LSU Public Hospital received partial funding through a grant from the Department of Health and Human Services to operate three community health clinics located on school campuses throughout the city of New Orleans. These clinics are staffed by hospital employees and Metropolitan Human Services District provides mental health workers. The clinics provide services to the students as well as the surrounding communities.

Region	Parish	Community Health Clinic	Grades Served	# Schools Served	Total School Enrollment	Total Visits (Students & Community Members)
I	Orleans	Murray Henderson Elem.	PreK-8	2	630	3,006
I	Orleans	Martin Behrman Elem.	PreK-8	1	660	4,208
I	Orleans	Frederick Douglass High	9-12	2	1,530	4,494
<b>Total</b>	<b>1 Parish</b>	<b>3 SBHCs</b>		<b>5</b>	<b>2,820</b>	<b>11,708</b>

*SBHC Behavioral Health Training*

**Improving Behavioral Health Care Through Professional Development**

School-Based Health Center (SBHC) behavioral health professionals (BHPs) were among 200 BHPs from across the State who attended a presentation on the Internal Family Systems Model of Psychotherapy (IFS) by noted author and therapist, Richard Schwartz, Ph.D. Dr. Schwartz developed this innovative therapeutic technique during the 1980’s and has continued to refine its theory and application. The Children’s Health Fund (CHF) sponsored the seminar.

CHF sponsored an additional four workshops specifically for SBHC BHPs in 2008-2009. Topics included Communication Skills with Adolescents and Utilizing Creative Arts in Schools & Clinical Settings. The Adolescent School Health Program (ASHP) thanks CHF for its continued commitment to improving the behavioral health of children in Louisiana by providing quality enrichment opportunities for SBHC BHPs. CHF started sponsoring workshops just after Katrina.

Emotional outbreaks, fighting, tardiness, lack of attention, rage, violence toward self or others, social isolation, and drug abuse are just a few of the ways adolescents manifest behavioral health disorders. Behavioral health services in SBHCs are designed to teach students skills that result in positive lifestyle choices. These skills include the ability to recognize negative triggers, to manage anger, and to choose actions that lead to positive outcomes.

SBHC BHPs have the unique opportunity to address adolescent behavioral health issues using a variety of therapeutic techniques with one goal in mind - the mental and social wellbeing of the student. Behavioral health care is offered in conjunction with the primary care provider and with family involvement, all within the SBHC setting and at no cost to the parent/guardian.

Stalanda Butcher, Director of St. Francis Medical Center’s SBHC at Carroll Jr. High, and Lori Brown, the SBHC art therapist, collaborated with Creative Paintings, Inc., under the direction of renowned artist Frank Kelley, Jr. to expand the art therapy services of the SBHC to more students within the Monroe City School District. Ms. Butcher explains, “Many of the participants had never been exposed to art or seen artistic expression as a way to connect with their world. Students reaped many benefits from participating in the art education experience. They gained a greater appreciation for art and an acceptance of painting, drawing and interpretive writing as avenues of emotional expression. They learned to trust and build an emotional connect with Mr. Kelley and Ms. Brown. This connection allowed them to vividly express themselves in their art work.” After six sessions, Mr. Kelley reviewed and compiled the students’ work. Ms. Brown developed treatment plans for some students and made community referrals as needed. As a culmination of the sessions, students created an art gallery to allow families, school and community to share in their achievements.

## Highlights

### **Planning Grants**

This year, DHH/OPH and the SBHC Network are proud to announce that the following 5 sponsors received OPH planning grants to begin the process of establishing new SBHCs:

#### **St. Francis Medical Center**

St. Francis Medical Center received 2 planning grants, one for a center at Martin Luther King Middle School and another at Richwood High School. St. Francis Medical Center also sponsors Carroll Junior High SBHC, which became a fully operative SBHC in 2007-2008. These 3 schools are in the city of Monroe in Ouachita Parish.

#### **The Jefferson Parish School System**

The Jefferson Parish School System is planning their fourth SBHC at Ehret High School on the West Bank of Jefferson Parish. This high school is the largest in the Metro New Orleans area with an enrollment of approximately 1800 students. Jefferson Schools will partner with Ochsner Health Systems as the medical provider for Ehret.

#### **Lafayette Parish School System**

Lafayette Parish School System is planning an SBHC at Carencro Middle School. This will be the second SBHC for Lafayette Parish and the first one sponsored by the School System. Lafayette Schools plan to partner with Opelousas General Health Services as their medical provider.

#### **Morehouse Community Medical Center**

Morehouse Community Medical Center will sponsor a SBHC at Morehouse Junior High. The center will also serve Bastrop High School. The combined enrollment of the 2 schools is approximately 1400 students. This will be the first center to be established in Morehouse Parish.

#### **St. Charles Community Health Center**

St. Charles Community Health Center plans to open the first SBHC in St. Charles Parish at Albert Cammon Middle School which will also provide access to the students at St. Rose Elementary School. Not only will this center be the first in the parish, it is also only the second SBHC in all of Region 3.

### **Budget Increase**

During the 2008-2009 fiscal year, the Louisiana legislature appropriated additional funds for ASHP contracts. This amounted to a 2.5% across the board increase to the SBHC contract original budgets. Sponsors of SBHCs do an incredible job of providing services to the young people of the state on limited budgets and this increase was well deserved.

### **Electronic Medical Record (EMR)**

Through a grant from the Robert Wood Johnson Foundation, the Louisiana Public Health Institute's (LPHI) Division of Information Services began the 2nd year of its project to establish an Electronic Medical Record (EMR) system in 10 SBHCs (both OPH and non-OPH funded sites) in the Metro New Orleans Area. SBHC stakeholders actively engaged in choosing the EMR system from among several vendors, ultimately opting for the eClinicalWorks system. LPHI is working with ASHP and SBHC staff to ensure that this EMR system can interface with ASHP's own data system, Clinical Fusion. Health Centers in Schools, the sponsor of SBHCs in the Baton Rouge area, worked with Interactive E-Solutions to develop their EMR. Other SBHCs around the state are engaged in preparing to move to EMR within the next few years.

### **Starlims**

Starlims is a web based system used by the Louisiana Office of Public Health's (OPH) Laboratory and Sexually Transmitted Disease (STD) Program. The Starlims system allows a clinic to use its computer to generate requisitions for lab tests and to print barcode labels for specimens. Starlims also allows a clinic to look up test results online. OPH's STD program received grant funding to provide every SBHC with both the computer software and a printer to allow use of the Starlims technology. This is an excellent example of collaboration within state agencies. SBHCs and the students they serve benefit by using technology to decrease staff workload and shorten response time in order to provide more efficient and effective services.

### **Asthma Study**

2008-2009 was the second year of an ongoing study titled *Improving Asthma Care in SBHCs by Assessing Access to and Utilization of SBHCs on Asthma Outcomes*. This is a collaborative study between ASHP and the University of Louisiana at Monroe (ULM). ASHP and ULM applied for and received Internal Review Board (IRB) permission to engage in this study because uniquely identified data, specifically Medicaid numbers, were needed to track asthmatic students' health status/progress. The study was designed to see if a student's emergency room visits for asthma related illness would decrease and general quality of health would increase as a result of being on an asthma management plan. Data are being analyzed in 2009-2010 and will be disseminated in the Annual Report.

### **Hypertension Pilot**

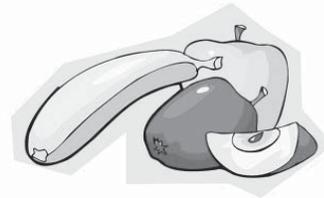
ASHP received a grant from Blue Cross Blue Shield of Louisiana (BCBS-LA) to screen, diagnose, treat and manage hypertension in school age youth. Hypertension accounts for 7 million deaths each year<sup>1</sup>. Louisiana ranks 7th in highest mortality rate for heart disease and 9th in highest mortality rate for stroke in the nation<sup>2</sup>. It is, therefore, critical to detect elevated blood pressures early and to take measures to reduce risks. Hypertension can be caused by a number of factors, one of which is being overweight. OPH/ASHP began the process of refining its existing best practice guidelines and protocols for diagnosis and treatment of hypertension in adolescents, so that it can begin a pilot hypertension program in five SBHCs in FY 2009-2010. Although the pilot's main focus is detecting hypertension, lifestyle counseling (nutrition, physical activity and other healthy behaviors) will be one intervention given to students whose screening results show them to be pre-hypertensive or hypertensive.

1Chiolero A, Bovet P, Paradis G, Paccaud F, Has Blood Pressure Increased in Children in Response to the Obesity Epidemic? Downloaded from [www.pediatrics.org](http://www.pediatrics.org) on August 1, 2008.

2DHH Heart Disease and Stroke Prevention Program-Factsheets-<http://www.dhh.louisiana.gov/offices/publicationsasp?ID=246&Detail=2022>

### **Obesity**

ASHP assisted the Louisiana Obesity Council in obtaining data on the prevalence of overweight students seen by SBHCs. Using the Centers for Disease Control formula which is specially designed to determine Body Mass Index (BMI) categories for children, ASHP used student data entered in Clinical Fusion to determine how many students fell within the designated weight ranges of underweight, normal, overweight/obese, and obese. ASHP had height, weight, BMI, age, and sex data on 11,870 students (5478 boys and 6392 girls). 412 students (3.50%) were underweight; 5883 (49.60%) were within the normal weight range; 5523 (46.50%) were considered overweight/obese. Of those that fell in the overweight/obese category, 3418 (28.80%) were obese. There were slightly more girls than boys who fell into the categories of underweight, overweight/obese, and obese. In order to capture these data every year, ASHP staff has asked Clinical Fusion to incorporate the CDC formula into its data base, so that the weight categories can be calculated automatically in future years and ASHP can continue to assist the Obesity Council in its effort to reduce obesity in Louisiana's young people.



### **Lighting The Way**

From CHRISTUS St. Frances Cabrini SBHCs  
(Individual SBHC Highlights)

### **Pollock Elementary School – Grant Parish**

Kudos to Pollock Elementary School in Grant Parish, which houses one of Cabrini's SBHCs, for being honored by the Louisiana Department of Education as one of five schools for their dedication to promoting healthy eating habits and physical activity in their students.

**Northwood SBHC (NSBHC) Project – Rapides Parish**

Northwood SBHC conducted four successful activities to make sure fellow students had a blessed Christmas in 2008. For The Giving Tree, NSBHC staff partnered with Proctor & Gamble and the Northwood school community to provide 47 needy students with gifts. The SBHC staff teamed with the State Police to deliver the gifts on December 20th. Thanks to Jeremy and Veronica Duncan, owners of Little Caesars Pizza and Duncan Financial, 22 students received new shoes and socks through the Got-A-Shoe project. Students voiced their excitement. “Wow, brand new shoes. Let’s see how fast we can run.” “Thank you so much. I like to thank people who do something big for me.” The Duncans also sponsored The Uniform Closet and co-sponsored Food for Christmas with assistance from the local sheriff’s department.

**Marthaville SBHC – Natchitoches Parish**

A nine year old brother and his sister, age 12, did not have to face their father’s terminal cancer alone, thanks to the behavioral health staff of Cabrini’s Marthaville SBHC. The students learned coping skills and identified a caring, support system. After the father succumbed to lung cancer, the brother and sister were given The Children’s Health Fund coping boxes. Both siblings demonstrated amazing resilience by using the coping tools to creatively relieve and express their grief.

SBHC nurses are pros at relieving the anxiety of a child about to receive an immunization shot. A mother said her daughter became visibly upset and anxious at the thought of receiving her shots. The SBHC nurse suggested the mother remain with her child during the visit and had the student’s older brother receive his shot first to ease his sister’s anxiety. It was a success! Both mother and daughter left with smiles on their faces.

**Cloutierville SBHC – Natchitoches Parish**

Teamwork is an essential part of SBHC services. The SBHC team worked together with one of the school’s teachers to get a student much needed behavioral health services. A teacher brought a student’s mother into the SBHC because the mom reported that the student attempted to hang himself a month before. The mother was very skeptical about speaking with a behavioral health provider because she was afraid the child would “be locked up.” After speaking with the SBHC Licensed Professional Counselor (LPC) and teacher, the mom agreed to have the student undergo an assessment. Based on the student’s statements that he was depressed, angry and had trouble sleeping, the LPC determined that the student needed immediate referral to receive psychiatric attention. The LPC set up an appointment for the mother to bring in the student for additional help. Both parent and child overcame the stigma associated with seeking help for emotional problems through the LPC’s and teacher’s sensitivity and response to this crisis situation.

*SBHC Funding History*

Fiscal Year	Funding Source	Number of SBHCs
1987-88 1989-90	Robert Wood Johnson (RWJ) Foundation grant Louisiana Legislature asks OPH to study SBHC expansion	2 in Baton Rouge 1 in New Orleans
1990-91	Adolescent School Health Initiative Act passes, authorizing OPH to develop SBHCs	
1992-93	Maternal and Child Health (MCH) Block Grant	Affiliation established with 1 SBHC in W. Feliciana & the 3 RWJ SBHCs

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1993-94	MCH Block Grant	5 new SBHCs open in rural & inner city urban areas
1994-95	MCH Block Grant; \$1.6 million in one-time state funds; Child Care & Development Block Grant for day-care activities; RWJ Making the Grade Planning Grant	1 new SBHC opens; 14 in planning stages; 10 supportive projects
1995-96	MCH Block Grant; \$2.5 million in state budget; RWJ Making the Grade Planning Grant	5 new SBHCs open; 8 continue planning
1996-97	MCH Block Grant; \$1.6 million RWJ Foundation Implementation Grant; \$2.65 million State Legislative Appropriation	23 operational SBHCs 8 planning for 1997-98 operation
1997-98	MCH Block Grant; Continuation of RWJ Foundation grant; Continuation of State Legislative Appropriation	30 operational SBHCs 7 planning for 1998-99 operation
1998-99	Continuation of existing funding sources; additional \$600,000 in State Legislative Appropriation	35 operational SBHCs
1999-00	Last year of RWJ Foundation Grant; Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$1,018,176 in State Legislative Appropriation	40 operational SBHCs
2000-01	Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$1,618,588 in State Legislative Appropriation	47 operational SBHCs 6 planning SBHCs
2001-02	Continuation of MCH Block Grant & State Legislative Appropriation; Additional \$820,000 in State Legislative Appropriation	53 operational SBHCs
2002-03	Continuation of MCH Block Grant & State Legislative Appropriation. \$100,000 in Prevention Block Grant to implement the <i>Best Practices for Prevention in SBHCs</i> Initiative	51 operational SBHCs
2003-04	Continuation of MCH Block Grant, Prevention Block Grant, & State Legislative Appropriation. Additional \$264,800 in State Legislative Appropriation	53 operational SBHCs
2004-05	Continuation of MCH Block Grant & State Legislative Appropriation.	54 operational SBHCs
2005-06	Continuation of MCH Block Grant & State Legislative Appropriation.	47 operational SBHCs
2006-07	Continuation of MCH Block Grant; Additional \$1.6 million in State Legislative Appropriation	52 operational SBHCs 9 planning grantees projected
2007-08	Continuation of MCH Block Grant; Additional \$855,284 in State Legislative Appropriation.	62 operational SBHCs
2008-09	Increase in MCH Block Grant; Additional \$325,000 in State Legislative Appropriation. 2.5% mid-year across the board increase to SBHC contracts	62 operational SBHCs, 6 planning grants projected
2009-10	Decrease in MCH Block Grant; Decrease in State Legislative Appropriation (4% across the board cut to SBHC contracts); Budget request for operational funds for all 6 of the 08-09 planning grantees not approved; line item allocations approved for 2 planning grantees	65 operational SBHCs

## *Louisiana Standards for School-Based Health Centers*

### ***Primary Goal***

- ☛ To provide convenient access to preventive and primary health services for students who might otherwise have limited or no access to health care.
- ☛ To meet the physical and emotional health needs of adolescents at their school sites.

### ***Community Participation***

All health centers must originate as a community initiative. State funding is dependent upon evidence of broad community participation.

### ***Sponsoring Agency***

The sponsoring agency must be either a public or a private non-profit institution locally suited and fiscally viable to administer and operate a health center serving the needs of adolescents (i.e., health center, hospital, medical school, health department, youth serving agency, school or school system).

### ***School and School District***

The host school should agree to work cooperatively with its health center, particularly in developing and implementing a full-scale coordinated school health program. School board approval is a prerequisite for a grant of state funds for planning or operation.

### ***Services***

A SBHC must offer comprehensive preventive and primary health services that address the physical, emotional, and educational needs of its student population. Services provided should include medical screenings; treatment for common illnesses and minor injuries; referral and follow-up for serious illnesses and emergencies; on-site care, consultation, referral and follow-up for pregnancy, chronic diseases and disorders, and emotional and mental health problems; comprehensive physicals; immunizations; laboratory testing; and preventive services to reduce high-risk behaviors.

### ***Parental Consent***

A parent or guardian must sign a consent form, approved by school authorities, for a student to receive health center services. Parents may indicate which services they do not wish their children to receive by submitting a written statement of exclusion.

### ***Operating Policies***

The hours of operation should ensure that students have easy access to the center's services. In general, a SBHC should have both before and after-school hours and should operate for some period of time during the summer.

Every school-based health center is required to promote abstinence. Centers are prohibited by state law from distributing contraceptives or abortifacient drugs or devices, and from counseling or advocating abortion, or referring any student to an organization for counseling or advocating abortion.

### ***Staffing***

Services at the school health centers are provided by multi-disciplinary teams including physicians, nurse practitioners, registered nurses, and licensed behavioral health professionals. In addition, the SBHC is staffed with an office assistant and an administrator.

### ***Selection Criteria***

ASHP seeks to provide services to young people with limited or no access to health care providers. Grants are made through a competitive call for proposals process with decisions based upon the socioeconomic and health needs of the student population to be served, the health services available in the communities, the level of community support, the likelihood of success in developing and operating SBHCs that will fulfill its service objectives, and the working relationship between the schools and health care communities.

### ***Continuum of Care***

Centers must execute cooperative agreements with community health care providers to link students to support and specialty services not provided at the school site. Centers must arrange 24-hour coverage, ensuring that students have access to services during non-operating hours, including nights, weekends, holidays, and summer vacation.

## Continuous Quality Improvement (CQI) Program

### Purpose of CQI On-Site Reviews



### Continuous Quality Improvement Tools

#### LAPERT I

focuses on verifying the SBHC self-reported performance in 3 areas: administrative, medical, and behavioral health.



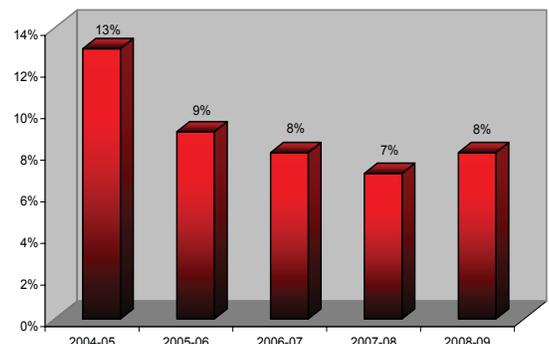
#### LAPERT II

focuses on core sentinel conditions and consists primarily of patient chart audits and data management assessment.

### Results of Continuous Quality Improvement

ASHP uses the Louisiana Performance Effectiveness Review Tools I and II (LaPERT I & II) to conduct quality assurance reviews. LaPERT I was adapted from the New York quality assurance tool and LaPERT II was based on the National Assembly on School-Based Health Care's protocol. LaPERT I evaluates a SHBC's adherence to overall standards and LaPERT II focuses on core sentinel conditions, such as comprehensive physical exams, immunizations rates, asthma management, data management, academic achievement, and health insurance enrollment. Six SBHCs were reviewed in 2008-2009 as part of the rigorous continuous quality improvement program. Improvements continue to be measured.

- Overall immunization rates improved during the year. When randomly selected charts were audited, the number of students with up-to-date immunizations increased from 46% in the first quarter to 79% in the fourth quarter.
- For students receiving a comprehensive exam, 100% of charts audited had documentation of an STD screening. In addition 100% of charts audited had documentation of a tobacco screening and, if necessary, counseling to address tobacco use.
- Of random charts audited during site visits, 89% had a yearly height, weight, blood pressure and body mass index documented.
- SBHC staff work closely with school personnel and have been able to document improved grades for students who were previously struggling.
- SBHCs continue to make an impact on keeping rates of uninsured students low (see chart at right).



## *Best Practices for Prevention in SBHCs*

The Adolescent School Health Program (ASHP) launched the Best Practices for Prevention in SBHCs Initiative in 2001-2002. The Best Practices are a set of clinical guidelines for SBHC preventive services based on national recommendations. SBHC staff participates in ongoing educational workshops where the guidelines are highlighted. As the SBHCs implement the Best Practices, they also measure success by collecting outcome data. The Best Practices have been incorporated into the ASHP Continuous Quality Improvement (CQI) Program and correspond to the core measures of quality that are evaluated on site visits.

To date the following Best Practices have been developed: Type 2 Diabetes Screening, Hypertension Screening, Immunization Administration, Cervical Cancer Screening, Sexually Transmitted Diseases (STD) Screening, Tobacco Cessation, and Resource Tool for Comprehensive Physical Exams.

### ***Comprehensive Physical Exams Including Risky Behavior Assessment***

Promoting positive, long term health outcomes through prevention and wellness programming is the cornerstone of the SBHC model of physical and behavioral health care. Adult health habits, both good and bad, are often established during adolescence. Some adolescents engage in risky behaviors that can jeopardize their current health and lead to poor health later in life. Therefore, it is important to identify these risky behaviors in youth and attempt to change these behaviors to more positive habits. As standard procedure, SBHCs administer an assessment of risky behaviors to all students who receive comprehensive physical exams. During the 2008-09 school year, students completed 8,498 risk assessments. Providers identified the following risky behaviors:

injury, educational circumstance, substance use/abuse, family circumstances, high-risk sexual behavior, behavioral and interpersonal problems, family disruption, dietary issues, bereavement, and other concerns. Once issues are identified, providers counsel students regarding specific risks and engage them in adopting alternate behaviors that prevent these risks from becoming bad health habits. This may be done in individual counseling sessions or through group sessions whereby students support one another to adopt healthy behaviors. By identifying risky behaviors early and providing health education counseling, SBHCs can prevent students from developing bad habits that contribute to poor health outcomes in adulthood.



### ***Screening for HIV/AIDS***

In 2008-2009, ASHP continued its emphasis on screening for HIV/AIDS, which was added as a new best practice in 2007-2008. HIV infection and AIDS remain a leading cause of mortality and morbidity in the United States. Data shows that a large percentage of people are diagnosed with AIDS in early adulthood. This means that they contracted HIV as adolescents or earlier. Survival decreased as age at diagnosis increased among persons at least 35 years old at diagnosis and in comparison with persons younger than 35. Early detection and treatment of HIV can prevent the disease from becoming AIDS, thus saving lives, improving a person's quality of life and productivity, and reducing health care costs.

In order to prevent the spread of HIV/AIDS and foster early intervention, the Centers for Disease Control and Prevention (CDC) in September of 2006 revised their recommendation for HIV testing of adults and adolescents in health care settings. It is now recommended that all patients aged 13-64 be screened routinely for HIV infection regardless of risk. The HIV/AIDS Best Practice is based on this recommendation. Currently SBHCs are encouraged, but not required, to implement rapid HIV testing for students within the CDC recommended age range. At the June Network meeting, representatives from the OPH-HIV/AIDS Program and the Delta Region AIDS Education and Training Center presented information on training and support resources available to SBHC staff. The OPH-HIV/AIDS Program continues to offer half-day trainings for medical personnel and 2-day trainings for behavioral health professionals for SBHC staff. ASHP's goal is to have all SBHC staff trained so that SBHCs can provide onsite rapid HIV testing, follow up counseling, and referral to outside resources.



<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/commentary.htm>

### **Screening for Hypertension & Type 2 Diabetes**

Obesity is a major risk factor for the development of hypertension and type 2 diabetes in youth. SBHCs continue to identify at risk youth with hypertension and type 2 diabetes. During the 2008-2009 school year, 925 students at risk were screened for type 2 diabetes at SBHCs across the State. Seventeen (1.8%) of the students screened tested positive for type 2 diabetes and were referred to their primary care physician for follow up. The SBHCs are available to assist in monitoring and management of the disease.

Weight reduction, along with an exercise program, is an important step in the management of both hypertension and type 2 diabetes. The school setting provides an excellent opportunity for education on lifestyle changes and implementation of policies and programs that can address obesity.



ASHP received a grant from Blue Cross Blue Shield of Louisiana to further refine procedures and protocols related to screening for hypertension. The program will be piloted in five SBHCs in FY 2009-2010 and will include lifestyle counseling (nutrition, physical activity) as a component.

### **Immunizations**

In September 2007, The Louisiana State Board of Medical Examiners (LSBME) approved SBHC registered nurses administering immunizations to students without a patient specific order from, or the continuous presence of, a physician. In addition, OPH Immunization Program officially recognized SBHCs as "Health Unit-like" facilities. These actions have greatly enhanced the SBHCs' ability to provide needed vaccines to all students, thereby improving prevention of certain communicable diseases.

